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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-14)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS MEMBERS, CIVILIAN EMPLOYEES, FAMILY MEMBERS AND RETIRED BENEFICIARIES OF NAVY MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950114)-Fleet Hospital 15 Personnel Part of Kernel Blitz
(950115)-Navy Corpsman Renders Assistance in Malaysia
(950116)-A Team Effort at Naval Hospital Guantanamo Bay
(950117)-Peleliu Dentist Praises Navy Experiences
(950118)-Navy Medical Department People Involved in Operations
(950119)-HEALTHWATCH: HIV -- What You Don't Know Could Kill You

HEADLINE: Fleet Hospital 15 Personnel Part of Kernel Blitz
NAVHOSP Pensacola, FL (NSMN) -- Seventy-eight personnel from Naval Hospital Pensacola, and its Branch Medical Clinics at Naval Air Station Pensacola, Naval Technical Training Center Corry Station and NAS Whiting Field, FL, departed 2 April for Camp Pendleton, CA, in support of the largest medical training exercise ever conducted -- Kernel Blitz '95.

The Pensacola group made up the largest numbers of Navy Medical personnel headed to the West Coast to set up a field hospital on the Marine Corps base. They were joined by more than 200 other personnel from 13 commands and clinics to form Fleet Hospital 15.

Fleet Hospital 15 is made up of personnel from Naval Hospitals Jacksonville, FL; Charleston and Beaufort, SC; Millington, TN; Corpus Christi, TX; and Newport, RI; and Naval Medical Center Portsmouth, VA. Other FH15 personnel came from Naval Medical Clinic Key West, FL; Branch Medical Clinic Kings Bay, GA; Naval Medical Clinic New Orleans; and Branch Dental Clinics at Whiting Field, Milton and Jacksonville, FL.

Kernel Blitz '95 is a partially simulated naval amphibious assault which has been ongoing since 27 May off the coast of San Diego. It is under the operational guidance of Commander, U.S. Third Fleet.

Fleet Hospital 15, the only non-West Coast unit involved in Kernel Blitz, is under the command of a Naval Hospital Pensacola family practice physician, CAPT James H. Walker, MC. Earlier this week, FH15 set up a 50-bed field hospital in anticipation of 200 "casualties" from the Kernel Blitz amphibious assault exercise.

The field hospital is comprised of four operating rooms and three wards. The wards were to be operational for 72 continuous hours -- twice as long as normal during fleet hospital training evolutions. Fleet Hospital 15 also tested some of Navy medicine's high technology, such as teleradiology, which allows the unit to send X-rays via satellite to a military hospital where radiologists there are able to assist those at the field hospital in making the most accurate diagnoses for patient treatment.

Fleet Hospital 15 will complete training, and be returning home, 8 April.

Story by Rod Duren

-USN-

HEADLINE: Navy Corpsman Renders Assistance in Malaysia

USS Jarrett (NSMN) -- Four sailors from USS Jarrett (FFG 33) -- HN Christopher O'Sullivan, SN Matthew Rogers, SN Bradley Taylor and GMM1 Michael Grogan -- rendered assistance to two people involved in an automobile accident on 21 March near Lumat, Malaysia. The victims were believed to be Malaysian nationals.

Jarrett sailors on liberty were traveling in a taxi when they came upon the scene of a head-on automobile collision. O'Sullivan observed one of the victims sitting on the ground and the other walking aimlessly around the vehicles. It appeared the victims were in need of medical attention. The Jarrett Sailors had the driver stop the taxi. They debarked and began rendering assistance.

Police officers were already at the scene. Grogan assisted them with rerouting traffic around the scene of the accident; Taylor and Rogers assisted with crowd control.

While awaiting a local medical response team, the police provided O'Sullivan with surgical gloves and allowed him to inspect the victims. The corpsman performed a head-to-toe assessment on both victims and determined that no head or neck injuries had been sustained. The ambulatory victim had sustained a small cut and a large bruise on his forehead. The second victim, who was sitting beside his vehicle, had sustained several lacerations on his right forearm and large bruises on his chest, possibly a fractured sternum and some bruised or fractured ribs.

O'Sullivan used a towel found on the front seat of the victim's car as a bandage to help stop the bleeding, which stabilized the victim. Shortly thereafter, the ambulance arrived and paramedics attended to the accident victims, who were loaded into the ambulance and taken away. When the ambulance departed the police began to secure the scene and Jarrett's good samaritans continued on with their day of liberty in Malaysia.

Story by JOCS(SW) Bob Herskovitz, COMNAVSURFPAC

-USN-

HEADLINE: A Team Effort at Naval Hospital Guantanamo Bay
USNH Guantanamo Bay, Cuba (NSMN) -- While U.S. Naval Hospital Guantanamo Bay is technically not a part of Command Joint Task Force 160 (CJTF 160), it supports the CJTF 160 mission by providing outpatient and inpatient health care services to Cuban and Haitian migrants.

An example of this joint effort occurred on 27 February 1995. At approximately 1700, a Cuban migrant was transported in serious condition to the naval hospital from the Sixth Air Transportable Hospital (6th ATH). A presumptive diagnosis of bacterial meningitis had been made by Air Force medical staff based on signs/symptoms and preliminary laboratory results. Upon arrival, naval hospital medical staff quickly reassessed the patient's status and instituted procedures to stabilize and treat the patient.

The admitting diagnosis remained bacterial meningitis. As additional diagnostic tests were being collected, emergency room staff notified the command's environmental health officer (EHO), in accordance with established Disease Alert Reporting Procedures. This rapid notification process was developed and established shortly after the initial arrival of Haitian migrants in June 1994, as an outbreak of any infectious disease in the camps could have a potentially rapid and detrimental impact on other exposed migrants, camp personnel and health care providers.

Upon notification, the EHO reported to the emergency room and assisted the ER staff in collecting as much information regarding the patient and illness as possible. With this material, a tentative plan of action was formulated to identify contacts -- migrants, JTF and hospital personnel -- and their vaccination status, and identification through testing the causative organism. Due to the seriousness of the patient's condition, the decision to medically evacuate the patient was made and procedures to schedule a medevac flight were initiated.

Throughout the night, the patient remained stable, but was still unresponsive.

At 0700 on 28 February 1995, the patient was transported to the Leeward air terminal. A C-9 aircraft was standing by to transport the patient and a medical team to a hospital in Miami. At approximately this same time, results from CSF cultures definitively indicated that the patient had Pneumococcal meningitis. Members of the JTF 160 Public Health Team were notified so that migrants and other personnel who may be predisposed to Pneumococcal bacteria could be identified and monitored. Based on this information, further preventive actions, such as vaccination and prophylactic treatment of the general population, were not considered necessary.

The entire evolution from notification to final action was approximately 14 hours and is a prime example of the "joint" elements of U.S. Naval Hospital Guantanamo Bay, the Air Force's 6th ATH, and JTF medical staff working in concert.

Story by LT M.J. Walsh, MSC, and ENS C.H. Henry, MSC

-USN-

HEADLINE: Peleliu Dentist Praises Navy Experiences

USS Peleliu (NSMN) -- "The Navy is an excellent way for a dental school graduate to gain experience and additional professional and technical exposure without having to worry about the business aspect of paying the bills of a private practice," said LT Michael Mingle, DC, the dental officer aboard USS Peleliu (LHA 5).

He should know. After 18 months as a practicing dentist, he's had the chance to do things that might take years of experience in the civilian sector.

This is just the sort of "hands-on" experience the Navy offers, and what Navy recruiters would like young dental students in training at universities across the nation to know.

Last fall, deans of major medical and dental schools in the Midwest -- escorted by a group of Navy recruiters -- came to San Diego to tour naval facilities.

While here, they visited USS Peleliu to see the ship's medical and dental capabilities. And while aboard Peleliu, a University of Iowa recruiter recognized Mingle as one of her success stories. The recruiter asked if he'd talk to other students.

The recruiting officer ended up with two Mingles coming East -- Mingle's wife, Jennifer, is also a Navy dentist here in San Diego. She is one of three dental officers aboard USS Dixon (AS 47). The two met and married at the University of Iowa, which they both attended under Navy scholarships.

"We were flown out to Iowa to spend the day at the university. We spent most of the day talking with interested individuals. Then that evening, we put on a small presentation to explain the different scholarships available through the Navy," Mingle said. "I remember a few years ago when I was a junior in dental school, I visited (National Naval Medical Center) Bethesda (in Maryland). It was a chance to see for myself a little about what the Navy was really like. I hoped I could bring some of that insight to the students in school now."

One of the biggest advantages of accepting a Navy scholarship is the experience, Mingle says.

"The more you see, the more you learn, and the Navy has allowed me to see things I would normally not get much exposure to, such as oral surgery. It's making me a better dentist."

Story by LT Dave Blackwood, reprinted from The Compass, 13 JAN 95

-USN-

HEADLINE: Navy Medical Department People Involved in Operations

BUMED Washington (NSMN) -- The Navy Medical Department continues to support the Navy and Marine Corps team through deployments with the fleet and carrying out humanitarian operations. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Able Vigil

Medical/Dental augmentation personnel: 72

The Navy Medical Department is in full support of Operation Able Vigil. Five Medical Corps, one Medical Service Corps, five

Nurse Corps officers and 40 hospital corpsmen are deployed to U.S. Naval Hospital Guantanamo Bay, providing medical treatment for approximately 23,000 Haitian and Cuban migrants, in addition to providing medical support to many afloat platforms. Additionally, 21 personnel are assigned to CJTF 160, to include six Medical Corps, four Nurse Corps and 11 corpsmen. They are currently working with Air Force and Army medical personnel, providing psychiatric services to the migrant population.

Operation Full Accounting

Navy Medical Corps officers and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Eight missions remain for FY95. An IDC from Commander, Submarine Pacific, is in country supporting current missions. The next scheduled missions will be coming out of Pensacola, FL; Camp Lejeune, NC; and Groton, CT.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team One from Naval Medical Center San Diego and Surgical Team Six from Naval Hospital Charleston, SC, are on routine 48-Hour Alert for any emergency situations.

Surgical Team Three from Naval Hospital Camp Pendleton, CA, is providing medical support on board USS Belleau Wood (LHA 3).

Surgical Team Five from Naval Medical Center Oakland, CA, is providing medical support for Exercise Kernel Blitz on board USS New Orleans (LPH 11).

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to nine fleet platforms and seven OCONUS facilities are 18 Navy Medical Department personnel: Six Medical Corps, two Medical Service Corps, one Dental Corps and nine hospital corpsmen.

-USN-

HEADLINE: HEALTHWATCH: HIV -- What You Don't Know Could Kill You
BUMED Washington (NSMN) -- The Human Immunodeficiency Virus (HIV), which leads to the development of the Acquired Immunodeficiency Syndrome (AIDS), continues to be a threat to every man, woman and child. But, like other sexually transmitted diseases, it is easily preventable. Who you are has nothing to do with whether you are in danger of being infected. What matters most is what you do, how you behave.

HIV infection is the leading cause of death among people 25-44 years old. The World Health Organization estimates that each day 5,000 people become infected with HIV worldwide and predicts that 40 million people could be infected by the year 2000.

Since the Navy began testing in 1985, more than 4,000 Sailors and Marines have tested positive for HIV. As of 15 March 1995, 571 Navy and 82 Marine Corps HIV-positive personnel were serving on active duty. If you are assigned to a deployable

unit, stationed overseas or are a health care provider, you are tested yearly for HIV infection. If your unit is going overseas, you must have had a test within the last 12 months. All Navy and Marine Corps personnel are tested at the time of their regular military physical (every five years under age 50; two years for those over 50).

It is important that every Sailor and Marine know the facts regarding the transmission and prevention of HIV.

SUBHEAD: HIV is the Virus that Causes AIDS

HIV is passed from person to person through blood-to-blood and sexual contact. AIDS is the inevitable result of HIV infection. When a person has AIDS, the immune system becomes damaged so that they can no longer fight off other infections. These infections are usually fatal.

SUBHEAD: You Cannot "Catch" HIV Like You Do a Cold or Flu

Unlike other viruses, HIV does not spread by traveling through the air. Even though HIV is sometimes found in small amounts in saliva, the virus is not spread by saliva. HIV is very fragile and dies quickly outside the body. Also, our skin (without cuts or sores) helps prevent germs -- including HIV -- from infecting us. For these and other reasons, HIV cannot be spread by: shaking hands, hugging, coughing, sneezing, kissing; nor from swimming pools, toilet seats, straws, spoons, dishes, food, insects (including mosquitoes) or animals.

SUBHEAD: You Can Protect Yourself From Infection by HIV

When it comes to sexual behavior, abstinence is the only foolproof way to avoid exposure to the virus. Postponing sex until marriage or a long-term relationship with one partner are also safer alternatives. If you are sexually active, reduce the number of partners and have sex only with a partner who is not infected, who has sex only with you, and who does not use needles or syringes. If you are unsure about whether or not your sexual partner is uninfected, protect yourself with a latex condom and a spermicide such as nonoxynol-9. Never use needles or syringes for any drug, including steroids, unless under a doctor's care.

SUBHEAD: Latex Condoms Can Help Protect You From HIV

Latex condoms can help protect you and your partner from HIV. Birth control pills and diaphragms cannot. But you must use the condoms the right way. And you must use them every time you have sex (vaginal, anal or oral) from start to finish. Condoms are not foolproof, because they can break, tear or slip off. Experts recommend using only latex condoms for disease protection.

SUBHEAD: Giving Blood is Not Risky Behavior

You cannot become infected by HIV or any other disease agent by giving in the United States, because every piece of equipment (needles, tubing, containers) used to draw your blood is sterile; no piece of equipment has ever been used before; and all needles are discarded properly after your blood is drawn. You cannot get

HIV by giving blood.

SUBHEAD: Can I Be Infected When I Receive Blood?

The risk of being infectedd with HIV from a blood transfusion is very low. Since donor interviews for HIV risk began in 1983, and HIV antibody testing began in 1985, the risk of HIV-contaminated blood entering the blood supply has dropped dramatically. Estimates of the chance of receiving an HIV-infected transfusion vary from one in 250,000 to one in 40,000 units of blood. A Red Cross study reported in 1989 that the risk was one in 153,000. The main reason for this risk is that some recently infected people may give blood, not knowing that they are infected. Currently used blood tests look for antibodies to HIV. These tests may not be able to detect antibodies in the blood of some recently infected people, even though the blood contains HIV. However, HIV-infected people and those at risk for HIV infection rarely donate, and HIV-infected donations rarely slip through because of thorough donor interviewing and blood testing.

If you know you will need blood -- scheduled surgery, for example -- you can give blood for your own use. This is known as autologous donation.

SUBHEAD: What Happens to My Career If I'm Infected?

The time from when a person is infected with the HIV to the appearance of clinical symptoms indicating that disease is developing may be 10 years or longer. During this symptom-free period, the HIV-infected person is fully functional and capable of performing his or her assigned duties.

Navy policy states that personnel who are HIV-antibody positive and found medically fit for duty shall be assigned within the United States to a unit not normally programmed for deployment and within 300 miles of a naval medical treatment facility designated by the Navy Surgeon General. These facilities are Naval Medical Centers Bethesda, MD, Oakland, CA, Portsmouth, VA, and San Diego; Naval Hospitals Beaufort, SC, Bremerton, WA, Camp Lejeune, NC, Camp Pendleton, CA, Charleston, SC, Corpus Christi, TX, Great Lakes, IL, Groton, CT, Jacksonville, FL, Long Beach, CA, Millington, TN, Newport, RI, Orlando, FL, and Pensacola, FL; and Naval Medical Clinic Philadelphia.

Every effort is taken to maintain confidentiality of a member's HIV status and to ensure continued career options. Detailers have knowledge of the options available to service members. Since HIV-infected personnel cannot be assigned to sea duty or deployable units, junior enlisted members in sea-intensive ratings (i.e., OS, BT, QM, etc.) may have to change their rating to have a viable career. HIV-infected pilots, NFOs, ACs and aircrew members are permanently grounded and reassigned to shore duty. Outstanding performance is key for advancement of all personnel, since personnel records cannot contain a member's HIV status. HIV infection cannot be the sole reason to deny reenlistment.

HIV-infected personnel are medically retired from the

service when they become too sick to perform their job, usually when the individual reaches stage three or four of infection, which is characterized by a T-cell count of 300 or less and loss of skin test sensitivity (delayed hypersensitivity).

SUBHEAD: Be Smart, Not Scared

HIV is not transmitted by other means, such as touching or casual contact, even on a repeated basis; it is not transmitted by eating food prepared by an HIV-positive person; it is not transmitted by insect bites.

HIV is transmitted by sexual contact (vaginal, anal or oral intercourse); by parenteral contact (needle stick inoculation of blood and fluid, transfusion of blood or blood products, inoculation of blood or blood products into mucous membranes or skin, needle sharing by injecting drug users); and by mother to infant contact (during pregnancy, at the time of delivery, during breastfeeding).

Know the facts and think before you act. You only have one life, so choose behaviors that will protect you and those you love.

The Navy HIV Program located in Bethesda, MD, exists to serve you -- the men and women of the Navy and Marine Corps. If you need information, or would like to become a Navy HIV prevention instructor, call the staff at DSN 295-0048 or commercial (301) 295-0048.

EDITORS NOTE: The Spring 1995 Captain's Call Kit contains a short version of this article.

-USN-

3. Two-month calendar of events, observances and anniversaries:
APRIL

National Alcohol Awareness Month (212/206-6770)
Cancer Control Month (404/329-5739)
Child Abuse Prevention Month (312/663-3520)
Month of the Military Child
Stress Awareness Month
National Occupational Therapy Month (301/652-2682)
National Sexually Transmitted Disease (STD) Awareness Month
(919/361-8400)
Sports Eye Safety Month (1-800-331-2020)
National Youth Sports Injury Prevention Month (617/449-2499)
National Humor Month (408/624-3058)
Mathematics Education Month
Keep America Beautiful Month
3 April - 1 May: Annual Savings Bonds Campaign
7 April: World Health Day
7-9 April: Alcohol-Free Weekend (212/206-6770)
9 April: Palm Sunday
9-15 April: National Building Safety Week (703/437-0100)
9-15 April: National Library Week "Libraries Change Lives"
(312/280-5044/1 or 1-800-545-2433, ext. 5044 or 5041)
11 April: Morning (0600-0800) and Night (until 2200)
Detailing (times are for Washington DC)

14 April: Good Friday
 14-22 April: Passover (begins sundown/ends sundown)
 16 April: Easter
 16-22 April: National Organ/Tissue Donor Awareness Week
 (804/330-8500; in IL, 312/431-3600)
 16-22 April: National Medical Laboratory Week (312/738-4886)
 17 April: O-5 Staff Corps selection board convenes
 17 April: Deadline for filing Income Tax returns
 18 April: National Youth Service Day
 21 April 1945: Allies entered Berlin
 22 April: Earth Day (25th Anniversary)
 22-28 April: National Infant Immunization Week (404/639-8225)
 23-29 April: National Volunteer Week (202/223-9186, x146)
 24 April: Medical Enlisted Commissioning Program board convenes
 24-28 April: Electroneurodiagnostic (END) Technologists Week (712/792-2978)
 25 April: Morning (0600-0800) and Night (until 2200) Detailing (times are for Washington DC)
 25 April 1945: United Nations organized
 26 April: Professional Secretaries Day
 27 April: Take Our Daughters To Work Day "A girl is watching. What is she learning?"
 27 April: Yom Hoshuah/Holocaust Remembrance Day
 28 April: Arbor Day
 29-30 April: March of Dimes WalkAmerica (914/997-4622)
 30 April 1970: Vietnam War ends with fall of Saigon
 30 April: E-9 Evals Due

MAY

Asian-Pacific Heritage Month
 National Physical Fitness and Sports Month (202/272-3427)
 National Arthritis Month (404/872-7100, ext. 6343)
 National Asthma and Allergy Awareness Month (1-800-878-4403)
 National Clean Air Month (American Lung Association (212/315-8700)
 Better Hearing and Speech Month (301/897-5700)
 National Sight-Saving Month (1-800-331-2020)
 Better Sleep Month (703/683-8371)
 Correct Posture Month (American Chiropractic Association, 1-800-986-4636)
 National Digestive Diseases Awareness Month (202/544-7497)
 National High Blood Pressure Month (301/251-1222)
 Huntington's Disease Awareness Month (1-800-345-HDSA or 212/242-1968)
 National Melanoma/Skin Cancer Detection and Prevention Month (Department of Communications, American Academy of Dermatology, 930 N. Meacham Rd., Schaumburg, IL 60173)
 National Mental Health Month (703/684-7722)
 National Neurofibromatosis Awareness Month (1-800-323-7938)
 National Stroke Awareness Month (American Heart Association: 1-800-553-6321; National Stroke Association: 1-800-STROKES)
 Older Americans Month (202/401-4541)

National Trauma Awareness Month (1-800-556-7890)
 National Bike Month -- "A Fun Way to Stay Healthy"
 1 May, 0001: NDW shifts to summer uniform
 1 May: Law Day USA
 1-7 May: Public Service Recognition Week
 4 May: National Day of Prayer
 4 May - 6 June: 1995 Navy-Marine Corps Relief Society Fund
 Drive -- "Assisting Sailors, Marines and Their Families for 91
 Years"
 5 May 1847: American Medical Association began
 6 May: Nurses Day
 6-12 May: National Nurses Week (202-651-7021)
 7-13 May: National Running and Fitness Week (301/913-9317)
 7-13 May: National Hospital Week (916/552-7577)
 7-13 May: Be Kind to Animals Week
 8 May 1945: V-E Day
 8-14 May: National Stuttering Awareness Week (1-800-922-
 9392)
 12 May: Military Spouse Day
 12 May 1820: Florence Nightingale born
 13 May 1908: Navy Nurse Corps Birthday
 14 May: Mother's Day
 14-20 May: Armed Forces Week -- "Forces for Freedom"
 14-20 May: National Emergency Medical Services Week
 (202/728-0610)
 14-20 May: National Medical Transcriptionist Week (209/551-
 0883)
 14-20 May: National Nursing Home Week (202/842-4444)
 14-20 May: National Osteoporosis Prevention Week (202/223-
 2226)
 15 May: Reserve O-5/O-6 Staff Selection Board Convenes
 17 May: National Employee Health and Fitness Day (312/237-
 5630)
 20 May: Armed Forces Day -- "Forces for Freedom"
 21-27 May: National Surgical Technologists Week (303/694-
 9130)
 22-28 May: National Park Week
 25 May: National Missing Children's Day (914/255-1848)
 29 May: Memorial Day Observed
 30 May: Memorial Day
 30 May: Muharram (Islamic New Year)
 31 May: National Senior Health & Fitness Day (708/816-8660
 or 1-800-828-8225)
 31 May: World No Tobacco Day (World Health Organization,
 202/466-5883)
 31 May: ENS FitReps Due

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS
 ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY
 FORMAT) BY TELEPHONE, FAX OR E-MAIL TO BUMED, ATTN: EDITOR,
 NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 653-0793,
 DSN 294-0793. FAX (202) 653-0086, DSN 294-0086. E-MAIL
 NMC0ENL@BUMED10.MED.NAVY.MIL//

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